ence between them being less than in any other eruptive fever. 12. That the average maximum number of deaths in seventeen corresponding weeks in the years 1840—56, was not much more than one-half that of the minimum. 13. That the period of greatest mortality from diarrhœa is very definitely marked, occupying a period of about seven weeks (from the 31st to the 37th), during which more than two-thirds of the annual mortality takes place; the greatest rate of death extending from the last week of July to the first week in September. 14. That this period corresponds with a mean weekly temperature of 60.5, or above.

21. *Illustrations of Aguish Disorder prevailing in London during the last two or three Years.*—Dr. C. Handfield Jones, in a communication recently presented to the Royal Med. and Chirurg. Soc., stated that, while he entertained a doubt whether the cases selected presented any very striking points, he believed that the series were not without value as illustrating a frequent character of disease; and he hoped that their consideration might shed some light on various morbid phenomena of common occurrence, yet but imperfectly understood, and often misinterpreted, and so might render their treatment more rational and satisfactory. He wished the cases to be regarded as experiments in which the nature of the morbid action was, to some extent, inferred from the mode in which it was affected by remedial agents. He did not consider the evidence demonstrative; he only claimed for it that the inferences should be regarded as highly probable. Information of this kind, though very imperfect, may, after all, be of far more use than the most exact determinations of the balance and the microscope.

He premised the following statements:—

1. That local heat, congestion, and sometimes inflammation, may be produced by paralysis of the vaso-motor (sympathetic) nerves of a part.

2. That the phenomena of fever can be well accounted for on the view of paralysis of the sympathetic system.

3. That there is good reason to believe that neuralgia and dysentery may be the exponents of malarious influence as much as a true ague or remittent.

4. That there is much cause for believing that the vicinity of canals is unhealthy, and that they generate a poison producing effects like those of malaria.

5. That the evidence respecting the production of malaria is such as makes it impossible to affirm that it may not be generated by any moist surface in the process of drying.

6. That, in cases of obscure and refractory character, the reaction of the system towards remedies, and the effect of change of air, may afford most material aid towards forming a correct idea of the cause and nature of the disease.

7. The term malarious disorder, as used by the author, is not intended to assert that the essential cause is always identical with marsh miasma; but to convey the idea of a disorder, which, however produced, is exceedingly similar to intermittent and remittent fever in many respects, maintaining the same pathological affinities, operating on the same (nervous system), and requiring the same treatment.

8. The primary action of fever poison, most notably of malarious fever, in paralyzing and depressing affections, especially the nervous system. The most deadly fevers are the algide, in which reaction never occurs; the phenomena usually called febrile are, if the excitement be not over great, a desirable indication that the system rallies, and resists the morbid influence. Hence, if, when there is no intense malaria, a patient suffer from continual, exceeding, causeless (apparently), depression and debility, occasional chills and flushes or perspirations, with an interlude of neuralgia at times, or a dysenteric or rheumatic attack, and if benefited materially by quinine, iron, &c., and, most of all, by change to a healthy locality, the inference that he laboured under some aguish disorder seems legitimate. The system is habituated to the morbid action, and does not react strongly against it.

9. The tendency to relapse is most difficult to eradicate. Any cause of a

debilitating kind will almost surely reproduce the morbid action in some form or other.

He then gave the details of the following twenty-one cases:—

1. Obscure aguish disorder.
2. Rheumatic nasal inflammation.
3. Cerebral attack; epistaxis. Benefit from quinine.
4. Cerebral attack; failure of cerebral power. Benefit from ferrocitrate of quinine.
5. Vomiting, febricitation, head-pain, exposure to ague poison. Cure by quinine and strychnia.
6. Cerebral attack; canal influence.
7. Scrofulous, epileptoid seizures. Cure by ferrocitrate of quinine and nux vomica.
8. Hemiplegia in a neuralgic subject. General tonic treatment—recovery.
9. Hemiplegia, first of right, afterwards of left side; canal influence.
10. Rheumatism of the œsophagus; canal influence.
11. Rheumatism, thoracic neuralgia; depression; canal influence.
12. Cardiac neuralgia paralytica; slight hæmatemesis. Cure by quinine and iron.
13. Rheumatoid intrathoracic neuralgia.
14. Severe cardiac neuralgia; aguish attacks.
15. Periodic gastralgia. Cure by quinine and iron.
16. Rheumatic abdominal neuralgia.
17. Febrile affection; lingual neuralgia; cure by quinine and iron.
18. Dysentery and aguish disorder; cure by quinine and opium.
19. Dysentery, rheumatism; Crimean origin.
20. Nervous prostration, hemorrhage from stomach; benefit from change of air, cinchonine, and strychnine.
21. Fugitive œdema recurring frequently in various parts; cure by sustained tonic treatment.

The author then proceeded to cite ten instances in which more decided ague was originated or developed by a residence in London. In conclusion, he drew the following deductions:—

1. There seems much reason to think that an obscure form of aguish disorder prevails in (at least) the western parts of London, the phenomena being chiefly great debility, hyperæsthesia, failure of cerebral power, neuralgia of external or internal parts, gastric disorders, rheumatic affections, and ill-developed febrile paroxysms; quasi-apoplectic seizures are not uncommon.
2. Quinine, iron, and strychnine, are found of decided benefit, with a generous diet.
3. Change to a pure air is the best remedy.

It must be apparent that, if there be any truth in the foregoing views, those who ignore them entirely must practise at great disadvantage, and meet with continual disappointment. The opinions advanced in the paper are mainly derived from Dr. Macculloch's writings, whose opinions are strongly corroborated by Dr. Copland.

Dr. Webster believed that ague was now far less common in London than formerly. The disease was a very common one two or three hundred years ago, James I. and Cromwell having died from it. When the population of London was not one-fourth its present amount, the deaths from ague were more numerous than now. The average number of deaths in London from real ague did not exceed twenty-four or twenty-five per annum. The disease was more common in the western parts of London than in the other districts, a circumstance which he attributed to the excavation of a considerable quantity of virgin soil on which the new houses were erected, and to comparatively inefficient drainage. He agreed with the author in thinking that residence near canals was productive of aguish disorders, and instanced a case in which out of 1400 inhabitants in a village on the Rhine, in the neighbourhood of a new canal, more than 1100 suffered severely from those maladies, accompanied in many instances by dysentery. The disorders were more common in men than in women, and in middle than in early life, though the most severe case he had seen was that of a child, six weeks old, in the hospital at Tours, a district surrounded by canals and rivers. Quinine was doubtless the best remedy; but he had seen some exceptional cases in which that medicine had had no effect, and which had been successfully treated by purging. He should not be disposed to give quinine with strychnine, thinking that the one would counteract the effect of the other.—*Med. Times and Gaz.*, July 18, 1857.

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22. *On Spanæmia, Chlorosis, and Analogous Conditions, as the Predominant Characteristic of the Present Age.*—Dr. POLLITZER takes a very gloomy view of the condition of the human race at the present time, and considers it to be an established fact that the physical deterioration in Europe is profound, "a sad memorial of civilization." He admits the general diminution of mortality in all civilized countries, but affirms this to be a fallacious test, as there is not a corresponding increase in the health and vigour of the race, or in the number and character of the diseases. The reduction of the mortality, the author attributes to the increase of hospitals and similar charitable institutions—to quarantine, vaccination, and numerous sanitary regulations. The boundaries of health and disease, he observes, are daily becoming less marked, and he considers it characteristic of modern pathology to affirm that there are numerous conditions which are undoubted deviations from the healthy standard, though it is impossible to delineate or give definite portraits of them, because they make their appearance during a state of "relative health." The physician has no name for the disease, but the patient maintains that, not feeling in health, he has no alternative but to call himself ill. This anomalous condition, Dr. Pollitzer accounts for by the spanæmia and chlorosis, which he regards as the feature peculiar to our times—the soil in which the feebleness and deterioration of our race take root. After developing his views more in detail, the author proceeds to show how these conditions are fostered by modern civilization. A constant stretch of the mental powers—a restless excitement of the passions—a perpetual struggle for advancement—the fresh wants of every day, science and the arts themselves being subservient even to the luxury and demoralization of the times—the destruction of all moral harmony and peace—are advanced by Dr. Pollitzer as the evils of modern civilization. And these evils react especially upon the younger generation; and the demands made upon the youth of eighteen or twenty of the present, would formerly have been considered a sufficient tax for the strength of a man of upwards of five and twenty. He inveighs especially against the polymathy (if we may coin the word) of children, among whom the spanæmia and chlorosis of the age especially flourish.

Having for seventeen years devoted himself to the study of children's diseases, he has arrived at the conclusion that the features which characterize our age have their source in the treatment of childhood, and that the deterioration of the race at large takes its origin in that of childhood.

The facts upon which Dr. Pollitzer bases his remarks are, that anæmia and chlorosis occur alone, or associated with rickets, hypertrophy of the lymphatic glands, and of the spleen and liver, to an incredible extent, even from the first month of life. Of 1,000 children that were treated in the children's hospital, on an average, 700—800, or from 70—80 per cent., were thus affected. He also observed that the anomalies of the blood and constitution, which are so widely diffused, invariably appear where the nutrition of the child has been imperfectly effected. The stomach and intestinal tract are the parts that first suffer; hence it is in these organs that we discover the prevailing morbid conditions of childhood; and while they materially influence the mortality of children, they equally affect the state of their future health when they survive childhood.—*British and Foreign Medico-Chirurgical Review*, July, 1857, from *Zeitsc. des K. K. Gesellsch. der Aertze*, February, 1857.

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23. *Redness of the Cheeks as a Symptom of Pneumonia.*—Dr. A. GUBLER takes up the old doctrine that the redness of a cheek in a case of pneumonia, indicates the side on which the disease lies. Modern authors have paid little attention to the subject, but Dr. Gubler has satisfied himself, by extensive obser-